

Rec'd PCT/PTO 29 SEP 2005

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	TUNGSTEN CATALYSTS
Attorney Docket Number::	0512-1252
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: FRANCOIS
Middle Name::
Family Name:: FIGUERAS
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 4, RUE VILLON
Address::
City of Mailing Address:: LYON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69003

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: NADINE
Middle Name::
Family Name:: ESSAYEM
Name Suffix::
City of Residence:: SAINT JUST CHALEYSSIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing CHAPULY
Address::
City of Mailing Address:: SAINT JUST CHALEYSSIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-38540

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CYRIL

Middle Name::

Family Name:: FECHÉ

Name Suffix::

City of Residence:: VILLEURBANNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 2, AVENUE ROBERTO ROSSELLINI

Address::

City of Mailing Address:: VILLEURBANNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-69100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: STEFANE STEPHANE

Middle Name::

Family Name:: LORIDANT

Name Suffix::

City of Residence:: MIRIBEL MEYZIEU

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing ~~63, AVENUE DU PARC~~ 49 RUE EDMOND
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: ~~F-01700~~ 69330

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MEXICO
Status:: Full Capacity
Given Name:: JORGE
Middle Name::
Family Name:: PALOMEQUE
Name Suffix::
City of Residence:: TLANEP
State or Province of
Residence::
Country of Residence:: MEXICO
Street of Mailing TEPETLACALCO NO. 59
Address:: COL. NUEVA LXTACALA
City of Mailing Address:: TLANEP
State or Province of Mailing Address::
Country of Mailing Address:: MEXICO
Postal or Zip Code of Mailing Address:: 54160

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GEORGES
Middle Name::
Family Name:: GELBARD
Name Suffix::
City of Residence:: CALUIRE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 25F RUE ANDRE LASSAGNE

Address::

City of Mailing Address:: CALUIRE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-69300

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02040	7/1/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08318	7/3/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

